

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

0009725

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

D. Stallard, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in lb
64yrs

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph, Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hospital,

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
220 Michigan Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Rudolph S Kobett

4. DATE OF DEATH
Month Day Year
March 9, 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH AGE (last birthday)
Oct. 25, 1900 64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Re. Supervisor

10b. KIND OF BUSINESS OR INDUSTRY
Swift & Co

11. BIRTHPLACE (City and state or country)
St. Joseph, Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jacob Kobett

13b. MOTHER'S MAIDEN NAME

Margaret Rorski

14. NAME OF HUSBAND OR WIFE

Nora Kobett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nora Kobett, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Carcinoma, bronchogenic, anaplastic, with metastases

INTERVAL BETWEEN ONSET AND DEATH

4 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Secondary hyperadrenocorticalism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/31/65 to Mar. 9, 1965 and last saw him alive on 3/9/65
Death occurred at 1:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Donald Stallard M.D.

902 Edmund St

3/13/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/12/65

23c. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John Rupp St. Joseph, Mo

Mar. 17, 1965

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 8 1965

100-10-10
2510003

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.